

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8557

State File No.

928

No. 300

10-48

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 55 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Margaret Kathryn Nursing Home			
e. STREET ADDRESS 211 2615 Drury Avenue		3348	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Alice	
c. (Last) Clasbey		4. DATE OF DEATH (Month) (Day) (Year) February 28, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 2, 1855
9. AGE (In years last birthday) 98		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (City and State or Foreign Country) Lexington, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.S.	
13a. FATHER'S NAME Ben Matthews		13b. MOTHER'S MAIDEN NAME Martha Smith	
14. NAME OF HUSBAND OR WIFE John P. Clasbey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (Yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. E.E. Clasbey- 4408 Booth Street	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). Cerebral Hemorrhage		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 day	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Hemorrhage	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension		DUE TO (b)	
DUE TO (c) old age		3 yrs	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) No		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1953 , to Feb 28, 1954 , that I last saw the deceased alive on Feb 28, 1954 and that death occurred at 5:35 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. B. Casebolt		23b. ADDRESS MD 4000 Baltimore	
23c. DATE SIGNED 3/12/54		23d. X-2 No.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR-2-1954	
24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG 3-2-54		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Old Newcomers Sons		ADDRESS 331- BRADY CREEK KANSAS CITY MO.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Robert C. Herron*

Licensed Embalmer No. *484*

P. O. Address... *N.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.